

284604

2019-74-E

Easterling, Deborah

From: kaila hawkins <ccs_hawkins@att.net>
Sent: Monday, May 13, 2019 4:53 PM
To: Easterling, Deborah
Subject: [External] Complaint_Form.pdf
Attachments: Complaint_Form.pdf

Sent from my iPhone

RECEIVED

MAY 14 2019

**PSC SC
MAIL / DMS**



Individual Complaint Form

Date*: _____

Complainant or Legal Representative Information: * Required Fields

Name * Charles Hawkins
Firm (if applicable) _____
Mailing Address * 28 Kavanagh Ct
City, State Zip * Greenville Sc 29611, _____ Phone * 828-585-1388
E-mail Ccs_Hawkins@att.net

Name of Utility Involved in Complaint: * Duke Energy

Type of Complaint (check appropriate box below.) *

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Billing Error/Adjustments | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service | <input type="checkbox"/> Payment Arrangements | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue |
| <input type="checkbox"/> Service Issue | <input type="checkbox"/> Meter Issue | | |
| <input checked="" type="checkbox"/> Other (be specific) _____ | | | |

Have you contacted the Office of Regulatory Staff (ORS)? * ☐ Yes ☐ No Name of ORS Contact: _____

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

Duke Energy didn't give enough time to complete task that was give during conference call with duke

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

Give enough time for leap program to assist with bill

****I GIVE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA A PERMISSION TO PUBLISH THIS COMPLAINT AND ITS CONTENTS ON THE COMMISSION'S WEBSITE (dms.psc.sc.gov), AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE.** ☐ ☐

Charles Hawkins

Complainant's Signature* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA)
COUNTY OF _____)

VERIFICATION

I, Charles Hawkins verify that I have read my complaint filed on _____ Date *
Complainant's Name *

and know the contents thereof, and that said contents are true.

Charles Hawkins

Complainant's Signature * (MUST BE SIGNED, DO NOT PRINT)

Internal Use Only

Processed By	Date
H.E.	